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**State of Nevada**  
**Board of Cosmetology**  
4600 Kietzke Lane Bldg K Suite 221  
Reno, NV 89502  
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## **AFFIDAVIT FOR DUPLICATE LICENSE OR RENEWAL**

**IMPORTANT! THIS FORM MUST BE NOTARIZED!**

Please print the information below:

DATE: \_\_\_\_\_ PN#: S-\_\_\_\_\_

SALON NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SALON OWNER: \_\_\_\_\_

SALON PHONE NUMBER: \_\_\_\_\_

COSMO IN CHARGE: \_\_\_\_\_

SERVICES OFFERED: \_\_\_\_\_

**Please check one:**

☐ **RENEWAL**    **OR**    ☐ **DUPLICATE**

1. Complete, sign and have this affidavit notarized.
2. Send a **MONEY ORDER** or **CASHIER'S CHECK** for \$\_\_\_\_\_ (no cash or personal check)

\*\*\* Duplicate licenses are \$25

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NOTATION:

\*\*\*\* LATE FEES: \$20 per month or fraction

## CHILD SUPPORT INFORMATION

Please mark the appropriate response (**failure to mark one of the three boxes will result in denial of the application/renewal**):

- ☐ I am **not** subject to a court order for the support of a child.
- ☐ I **am subject to** a court order for the support of one or more children **and am in compliance** with the order or **am in compliance** with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.
- ☐ I **am subject to** a court order for the support of one or more children **and am NOT in compliance** with the order or **am NOT in compliance** with a plan approved by the district attorney or other public agency enforcing the order for the repayment of the amount pursuant to the order.

Licensee's Social Security number: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Licensee: \_\_\_\_\_

Pursuant to NRS 644.212 and NRS 644.214 “Any applicant for the issuance or renewal of a license or evidence of registration issued pursuant to NRS 644.190 to 644.330, inclusive, shall submit to the board the statement prescribed by the welfare division of the department of human resources pursuant to NRS 625.520. The statement must be completed and signed by the applicant.” “and must include the social security number of the applicant.”

**SALON RENEWAL / DUPLICATE AFFIDAVIT: NOTARY REQUIRED**

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_, affiant, being first duly sworn deposes and says; That he/she was last licensed  
(FULL NAME OF LICENSEE)

by the Nevada State Board of Cosmetology for the year of \_\_\_\_/\_\_\_\_; and that the aforementioned license or renewal application Issued by the board was \_\_\_\_\_

(LOST, MISPLACED, DESTROYED, OR STOLEN)

by affiant, and after diligent search affiant has been unable to locate the aforementioned license or renewal application; that affiant does not know the location of the aforementioned license or renewal application; that affiant has not at any time given, loaned or transferred the aforementioned license or renewal application to any other person or firm for any purpose whatsoever; that affiant has not at any time allowed any person or firm to work under the aforementioned license; that affiant now desires the board to issue a duplicate license to replace or renew the aforementioned license or renewal application; that affiant has been advised that the Nevada State Board of Cosmetology has determined that a false affidavit in application for a duplicate license or renewal of a license by a licensee of the board is grounds for revocation of any license issued by the board; and that if the aforementioned license or renewal application is found by affiant, affiant will immediately return it to the main office of the Nevada State Board of Cosmetology by registered mail.

Signature of Licensee

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Notary Public's Signature:

Office Use Only	Received	<input type="text"/>	Check #	<input type="text"/>	Amount Paid	<input type="text"/>
		M M D D Y Y Y Y				
	Cashier's Check	<input type="text"/>	Money Order	<input type="text"/>	Credit Card	<input type="text"/>
					Check	<input type="text"/>